

Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

Employee Name	ZITO, Renee
Expense Dates	09/08/09-09/28/09
Total Expense Amount	897.06
Amount Due Employee	591.86
Form ID	TEA000513713

DIRECTIONS FOR SUBMISSION

1. Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.

	Date	Expense Item	Amount	If not submitted - Explain
1)	09/27	Lodging	147.06	
2)	09/27	Taxi Fare	65.00	
3)	09/27	Parking, Auto	15.00	
4)	09/28	Taxi Fare	75.35	

2. Forward Transmittal Sheet and attached documentation through your approval process.

EXPENSE EXCEPTION(S)

	Expense Rule	Exception	Response
1)	#52A Dept limit override	Reimbursement rate of 110.00 for Lodging expense exceeded. Document of Prior Approval submitted?	

I have reviewed the following documents.

Approved by:

MICHAEL S CUNNINGHAM

Travel & Expense Account Summary

Employee Name
Expense Dates
Report Name

Renee ZITO
09/08/09-09/28/09
September Claims

Request Total \$ 897.06
Direct Charge Total - 305.20
Travel Advances - 0.00
Net Due Employee = 591.86

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	LA CADA	665.76
Regular Travel	SF Recovery Day	118.50
Regular Travel	CommPre Visit	112.80

NOTE: (d)=Direct Charge

DATE	Tue Sep 8									TOTAL
Bridge Tolls	5.00									5.00
Mileage, Personal Auto	107.80									107.80
TOTALS \$	112.80									112.80

DATE	Sat Sep 12									TOTAL
Mileage, Personal Auto	104.50									104.50
Bridge Tolls	5.00									5.00
Parking, Auto	9.00									9.00
TOTALS \$	118.50									118.50

Travel & Expense Account Summary

DATE	Sun Sep 27	Mon Sep 28								TOTAL
Mileage, Personal Auto	11.00	7.15								18.15
Lodging	147.06									147.06
Taxi Fare	65.00	75.35								140.35
Parking, Auto	15.00									15.00
Dinner	18.00									18.00
Commercial Air Fare (d)	305.20									305.20
Breakfast		6.00								6.00
Lunch		10.00								10.00
Incidentals		6.00								6.00
TOTALS \$	561.26	104.50								665.76